

Please type a plus sign (+) inside this box



Ex. P. Mail: EV91440964245

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|---------------------|
| Attorney Docket Number | PU040016 |
| First Named Inventor | Aaron Reel Bouillet |
| COMPLETE IF KNOWN | |
| Application Number | / |
| Filing Date | |
| Group Art Unit | |
| Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANALOG TO DIGITAL CONVERTER CLOCK SYNCHRONIZER

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

February 2,
2004

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? |
|-------------------------------------|---------|--|--------------------------|--|
| | | | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| | | <input type="checkbox"/> |

[Page 1 of 2]

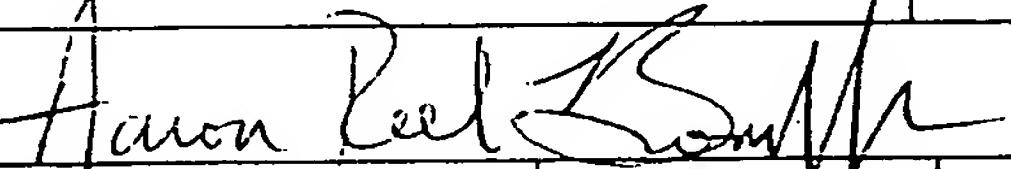
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| | | | | | | | |
|---|--|---|---|----|--|------------------|-------------|
| Direct all correspondence to: | | <input type="checkbox"/> Customer Number or Bar Code Label | <input style="width: 100px; height: 20px; border: 1px solid black; vertical-align: middle;" type="text"/> | OR | <input checked="" type="checkbox"/> Correspondence address below | | |
| Name | JOSEPH S. TRIPOLI | | | | | | |
| Address | THOMSON LICENSING INC. | | | | | | |
| Address | PO Box 5312 | | | | | | |
| City | PRINCETON | State | NJ | | ZIP | 08543-5312 | |
| Country | USA | Telephone | 609-734-6804 | | Fax | (609) 734 - 6888 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name | | Family Name BOUILLET or Surname | | | | | |
| AARON REEL | | | | | | | |
| Inventor's Signature |  | | | | | Date | X 3-13-2004 |
| Residence: City | State | Country | Citizenship | | | | |
| Noblesville | Indiana | US | US | | | | |
| Mailing Address | | | | | | | |
| Mailing Address 1520 Persimmon Place | | | | | | | |
| City | State | ZIP | Country | | | | |
| Noblesville | Indiana | 46060 | US | | | | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name | | Family Name or Surname | | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | State | Country | Citizenship | | | | |
| Mailing Address | | | | | | | |
| Mailing Address | | | | | | | |
| City | State | ZIP | Country | | | | |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | |